

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		10/25/99
O.I.P.E. CLASSIFIER	<i>NY</i>		10/30/99
FORMALITY REVIEW		65418	11-9-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/4/02
2	✓	✓	6/4/02
3	✓	✓	6/4/02
4	✓	✓	6/4/02
5	✓	✓	6/4/02
6	✓	✓	6/4/02
7	✓	✓	6/4/02
8	✓	✓	6/4/02
9	✓	✓	6/4/02
10	✓	✓	6/4/02
11	✓	✓	6/4/02
12	✓	✓	6/4/02
13	✓	✓	6/4/02
14	✓	✓	6/4/02
15	✓	✓	6/4/02
16	✓	✓	6/4/02
17	✓	✓	6/4/02
18	✓	✓	6/4/02
19	✓	✓	6/4/02
20	✓	✓	6/4/02
21	✓	✓	6/4/02
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25	✓	✓	6/4/02
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28	✓	✓	6/4/02
29	✓	✓	6/4/02
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32	✓	✓	6/4/02
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44	✓	✓	6/4/02
45	✓	✓	6/4/02
46	✓	✓	6/4/02
47	✓	✓	6/4/02
48	✓	✓	6/4/02
49	✓	✓	6/4/02
50	✓	✓	6/4/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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